

Revision: HCFA-AT-81-34 (BPP)

10-81

State ILLINOISCitation4.21 Prohibition Against Reassignment of  
Provider Claims42 CFR 447.10(c)  
AT-78-90  
46 FR 42699Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.**OFFICIAL**TN # 81-15  
Supersedes  
TN # 78-7, Page 68Approval Date 12/1/81Effective Date 10-1-81